

Do not write in this space.

## Universal Service for Schools and Libraries

Please read instructions before  
 completing.

(To be completed by schools, libraries, or  
 consortia.)

### BILLED ENTITY APPLICANT REIMBURSEMENT FORM

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Only one Service Provider Identification Number (SPIN) per form.

Must be completed and signed by the Billed Entity Applicant.

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

#### FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to range from 1 to 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERF, Paperwork Reduction Act Project (3060-0856), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS FORM TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0856.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

Applicant Form Identifier (Create an identifier for your  
 own reference)  
 MIBS Reimbursement

FCC Form 472 Invoice #  
 (To be inserted by administrator) 2855756

#### BLOCK 1: HEADER INFORMATION

1. Billed Entity Name	CAMERON PARISH LIBRARY
2. Billed Entity Number	139270
3. Service Provider Identification Number (SPIN)	143028735
Applicant FCC Form 498 ID	443005709
4. Contact Name	Teri Lawrence
5. Contact Telephone Number	225- 2242786 ext 101
6. Total Reimbursement Amount (total from Block 2, Column 14)	\$2,520.00

<b>Billed Entity Applicant Reimbursement Form</b> For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.								
Billed Entity Name <u>CAMERON PARISH LIBRARY</u> Billed Entity Number <u>139270</u> Contact Name <u>Teri Lawrence</u> Contact Telephone Number <u>225-2242786101</u> Applicant Form Identifier <u>MIBS Reimbursement</u>								
BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER								
	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
	FCC Form 471 Application Number (from Funding Commitment Decision Letter)	Funding Request Number (FRN) (from Funding Commitment Decision Letter)	Bill Frequency	Customer Billed Date (mm/yyyy)	Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	Total (Undiscounted) Amount for Service	Discount Rate	Amount Billed to USAC (Column 12 multiplied by Column 13)
			DO NOT WRITE IN THIS COLUMN.	For each FRN, complete either Column (10) or Column (11), but not both Columns				
1	171014111	1799027291		7/1/2017		\$3,600.00	70.00	\$2,520.00
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
<b>TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (6)</b>								<b>\$2,520.00</b>

## BILLED ENTITY APPLICANT Reimbursement Form

Billed Entity Name CAMERON PARISH LIBRARY

Billed Entity Number 139270

Contact Name Teri Lawrence

Applicant Form Identifier MIBS Reimbursement

### Block 3: Billed Entity Certification

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and I certify to the best of my knowledge, information and belief, as follows:

- A. The discount amounts listed in this Billed Entity Applicant Reimbursement Form represent charges for eligible services and/or equipment delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the service start date reported on the associated FCC Form 486.
- B. The discount amounts listed in this Billed Entity Applicant Reimbursement Form were already billed by the Service Provider and paid for by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- C. The discount amounts listed in this Billed Entity Applicant Reimbursement Form are for eligible services and/or equipment approved by the Fund Administrator pursuant to a Funding Commitment Decision Letter (FCDL).
- D. I acknowledge that I may be audited pursuant to this application and will retain for at least 10 years (or whatever retention period is required by the rules in effect at the time of this certification), after the latter of the last day of the applicable funding year or the service delivery deadline for the funding request any and all records that I rely upon to complete this form.
- E. I certify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

15. Signature of authorized person **Signed electronically by TERI LAWRENCE**

16. Date **9/3/2018**

17. Printed name of authorized person **TERI LAWRENCE**

18. Title or position of authorized person **E-RATE CONSULTANT #16060536**

19. Telephone number of authorized person **225- 2242786**

20. Address of authorized person **P. O. Box 728, Pine Grove LA 70453**

## Teri Lawrence

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**From:** Dragan Stanisavljevic <Dragan.Stanisavljevic@usac.org>  
**Sent:** Monday, September 10, 2018 9:25 AM  
**To:** Teri Lawrence  
**Cc:** 'Teri Lawrence@1-225-612-6682'  
**Subject:** FW: SLD Invoice # 2855756, FRN # 1799027291

SLD Invoice No	SP_App Invoice No	Line ID	Customer Billed Date	471	FRN	SPIN
2855756	MIBS Reimbursement	9319700	01-Jul-17	171014111	1799027291	143028735

I am reviewing your request for reimbursement of the invoice line/s noted above.

### BILLS:

Please submit:

- I. A copy of the summary page/s for the bill/s received from Service Provider, to show:
  - a. Bill Date / Ship Date,
  - b. Service Provider Name,
  - c. Bill-To Entity,
  - d. Current Charges,
  - e. Description of Products / Services Delivered,
    - i. Please provide written description of products / services when not indicated on bill. For example, Network Equipment is an insufficient description of product delivered.
    - ii. List of Equipment being maintained.
  - f. Hours of work performed (for Basic Maintenance of Internal Connections).
- II. If the service provider/ listed on the bill is different from the service provider of record for the above FRN, please specify:
  - a. Has a change of service provider occurred? Yes/No
  - b. If No, please confirm the third party listed on the bill is an authorized third party biller.
    - a) If the third party listed on the bill is an authorized third party biller, please also provide the following:
      - i. A signed and dated contract or documentation of the written and dated offer from the third party biller to the service provider listed on the above FRN
      - ii. The service provider's written and dated acceptance of the offer authorizing the third party biller to bill the applicants for the services provided on its behalf.
      - iii. A signed and dated contract or documentation of the written and dated offer from the third party biller to the billed entity listed on the FCC Form 471 for this FRN as well
      - iv. The billed entity's written and dated acceptance of the offer authorizing the third party biller to bill the applicants for the services provided on behalf of the actual service provider.
  - III. If the invoice is for deposits or up-front charges for services, please include a copy of the full contract that supports those charges.

**RESPONSE REQUIREMENT:**

Please provide this information to me as soon as possible within the next 7 calendar days, by End of Day Thursday, 09/17/2018. Failure to do so may result in a reduction or rejection of the invoice, without further request. In this event, please ensure you have all necessary documents collected before resubmitting your request. If you have any questions, please contact me within this 7 day period.

Thank you for your cooperation and continued support of the Universal Service Program.

**Dragan Stanisavljevic**  
Case Management - Schools & Libraries Program  
Solix, Inc. | 30 Lanidex Plaza West | Parsippany, NJ 07054  
O: (973) 581-5086  
[dragan.stanisavljevic@solixinc.com](mailto:dragan.stanisavljevic@solixinc.com)  
[www.solixinc.com](http://www.solixinc.com) | [Solix on Facebook](#) | [Solix on Twitter](#)



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## CAMERON PARISH POLICE JURY

1167

Payee AMERINET CONSULTING, LLC  
Vendor ID 1002120

Account #:

1167  
7/30/2018

Invoice	Description	Discount	Amount
13897	Annual Support for E-Rate	\$0.00	\$3,600.00
13898	Annual Maintenance Agreement	\$0.00	\$7,200.00

Electronic Payment Notification

Total :

\$0.00

\$10,800.00

PARISH TREASURER, CAMERON PARISH  
CAMERON, LOUISIANA  
CHARGE  
GENERAL FUNDIBERIABANK  
84-7041/2652

Electronic Payment Notification

AMERINET CONSULTING, LLC  
P O Box 12534  
Alexandria, LA 71315

VOID

## CAMERON PARISH POLICE JURY

Payee AMERINET CONSULTING, LLC  
Vendor ID 1002120

Account #:

1167  
7/30/2018

Invoice	Description	Discount	Amount
13897	Annual Support for E-Rate	\$0.00	\$3,600.00
13898	Annual Maintenance Agreement	\$0.00	\$7,200.00

Electronic Payment Notification

Total :

\$0.00

\$10,800.00

1167

**AMERINET CONSULTING, LLC**

P.O. BOX 12534  
ALEXANDRIA, LA 71315

P.O. Number	Invoice No.
	13897
Due Date	Terms
07/10/18	Net 25

**Bill To:**

CAMERON PARISH LIBRARY  
469 MARSHALL STREET  
CAMERON, LA 70631

**Ship To**

Description	QTY	Rate	Amount
Monthly Support for E-Rate Eligible Items for Year funding from Jul 1st, 2017 to jun 30th, 2018	12	300.00	3,600.00
Following Equipment will be Maintained under erate services:			
Firewall:			
Sonicwall TZ 500 SN: 18B169072300			
Switches:			
3Com Baseline Switch 2928-SFP SN: 926FD6S15C728			
3Com Baseline Switch 2928-SFP SN: 926FCZREBCFC6			
Cisco SG500-52 SN: DNI1922000H			
Cisco SG200-26 SN: DNI172900W0			
Cisco WS-C3750-24TS SN: CAT0803N3U8			
Battery Backup:			
APC Smart-UPS X SMX3000RMLV2UNC SN: ZA1204021278			
Wireless Controller:			
Ruckus ZoneDirector 1100 SN: 921223000053			
Access Points:			
Ruckus ZoneFlex ZF7363 SN: 921204001264			
Ruckus ZoneFlex ZF7363 SN: 921204001351			
Ruckus ZoneFlex ZF7363 SN: 921204001360			
Ruckus ZoneFlex ZF7363 SN: 921204001268			
Ruckus ZoneFlex ZF7363 SN: 921204001361			
Ruckus ZoneFlex R500 SN: 401494602877			
Ruckus ZoneFlex R500 SN: 401484402057			
GOVERNMENT SALES TAX		0.00	0.00
Thank you for your business !!!	Total		\$3,600.00
	Payments		\$0.00
	Balance Due		\$3,600.00

## Teri Lawrence

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**From:** Dede Sanders <DSanders@Cameron.lib.la.us>  
**Sent:** Tuesday, September 25, 2018 12:01 PM  
**To:** Teri Lawrence  
**Subject:** Re: YOUR E-RATE PROGRAM REMITTANCE STATEMENT: 443005709

why was it zero?

**Delia Sanders**  
Library Administrator

**Cameron Parish Library**  
P.O. Box 1130  
Cameron, LA 70631  
(337)775-5421  
fax 800-861-3492

---

**From:** "Teri Lawrence" <teril@eratesupport.org>  
**Sent:** Tuesday, September 25, 2018 11:28 AM  
**To:** "DSanders@Cameron.lib.la.us" <DSanders@Cameron.lib.la.us>  
**Subject:** Re: YOUR E-RATE PROGRAM REMITTANCE STATEMENT: 443005709

Thanks. Teri

Teri Lawrence  
ERATE Consultant  
225-224-2786 office  
225-612-6683 Fax  
[Teril@eratesupport.org](mailto:Teril@eratesupport.org)

On Sep 25, 2018, at 11:05 AM, Dede Sanders <[DSanders@Cameron.lib.la.us](mailto:DSanders@Cameron.lib.la.us)> wrote:

**Delia Sanders**  
Library Administrator

**Cameron Parish Library**  
P.O. Box 1130  
Cameron, LA 70631  
(337)775-5421  
fax 800-861-3492

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**From:** [CustomerSupport@usac.org](mailto:CustomerSupport@usac.org)  
**Sent:** Tuesday, September 25, 2018 9:53 AM  
**To:** [dsanders@cameron.lib.la.us](mailto:dsanders@cameron.lib.la.us)  
**Subject:** YOUR E-RATE PROGRAM REMITTANCE STATEMENT: 443005709

SCHOOLS AND LIBRARIES BEAR PROGRAM REMITTANCE STATEMENT  
As Of September 25, 2018



Attn: Delia Sanders  
CAMERON PARISH LIBRARY

RE: FCC Form 498 ID 443005709

This notice provides an explanation of your entity's Billed Entity Applicant Reimbursement (BEAR) payment for the following invoices.

<td padding-bottom:20px;="" width="10%" align="left">		Approved
9/24/2018 143028735 AmeriNet Consulting, LLC. 1799027291 MIBS Reimbursement Applicant Name:CAMERON PARISH LIBRARY;SLD Invoice Number:2855756;BEAR Letter Date:09/24/2018;Line Item Detail Number:9319700;Amount Requested:2520.00;Incomplete documents provided for review;1239;		\$0.00
Total Approved Disbursement		<u>\$0.00</u>
Total Actual Disbursement:		<u>\$0.00</u>

If you have any questions, please contact USAC Customer Operations at (888) 641-8722 or [CustomerSupport@usac.org](mailto:CustomerSupport@usac.org). You may also visit us at [www.usac.org](http://www.usac.org).

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## Teri Lawrence

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**From:** Dragan Stanisavljevic <Dragan.Stanisavljevic@usac.org>  
**Sent:** Monday, September 24, 2018 5:51 AM  
**To:** Teri Lawrence  
**Subject:** RE: SLD Invoice # 2855756, FRN # 1799027291

Hello Teri,

I have finished my review, and your invoice is out of my queue.  
Thank you.

Dragan Stanisavljevic  
Case Management – Schools & Libraries Program  
973-581-5086  
Dragan.stanisavljevic@usac.org

---

**From:** Teri Lawrence [mailto:teril@eratesupport.org]  
**Sent:** Sunday, September 23, 2018 3:39 PM  
**To:** Dragan Stanisavljevic <Dragan.Stanisavljevic@usac.org>  
**Subject:** FW: SLD Invoice # 2855756, FRN # 1799027291

Hello Dragan,

Can you please let me know the status of this Basic Maintenance Invoice? Thanks, Teri

Teri Lawrence  
Educational Professional Services  
CRN 16071123  
P.O. Box 728  
Pine Grove, La. 70453  
Cell: 225-931-6032  
Office: 225-224-2786  
Fax: 225-612-6682

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**From:** Teri Lawrence  
**Sent:** Monday, September 10, 2018 9:33 AM  
**To:** Dragan Stanisavljevic <Dragan.Stanisavljevic@usac.org>  
**Subject:** RE: SLD Invoice # 2855756, FRN # 1799027291

Hello Dragan,

Attached a copy of the invoice and contract. I think these documents contain the information you are seeking. Please let me know if you need additional information. Thanks! Teri

Teri Lawrence  
Educational Professional Services  
CRN 16071123

P.O. Box 728  
Pine Grove, La. 70453  
Cell: 225-931-6032  
Office: 225-224-2786  
Fax: 225-612-6682

**From:** Dragan Stanisavljevic <[Dragan.Stanisavljevic@usac.org](mailto:Dragan.Stanisavljevic@usac.org)>  
**Sent:** Monday, September 10, 2018 9:25 AM  
**To:** Teri Lawrence <[teril@eratesupport.org](mailto:teril@eratesupport.org)>  
**Cc:** 'Teri Lawrence@1-225-612-6682' <[IMCEAFAX-Teri+20Lawrence+401-225-612-6682@usac.org](mailto:IMCEAFAX-Teri+20Lawrence+401-225-612-6682@usac.org)>  
**Subject:** FW: SLD Invoice # 2855756, FRN # 1799027291

SLD Invoice No	SP_App Invoice No	Line ID	Customer Billed Date	471	FRN	SPIN
2855756	MIBS Reimbursement	9319700	01-Jul-17	171014111	1799027291	143028735

I am reviewing your request for reimbursement of the invoice line/s noted above.

BILLS:

Please submit:

- I. A copy of the summary page/s for the bill/s received from Service Provider, to show:
  - a. Bill Date / Ship Date,
  - b. Service Provider Name,
  - c. Bill-To Entity, .
  - d. Current Charges,
  - e. Description of Products / Services Delivered,
  - i. Please provide written description of products / services when not indicated on bill. For example, Network Equipment is an insufficient description of product delivered.
  - ii. List of Equipment being maintained.
  - f. Hours of work performed (for Basic Maintenance of Internal Connections).
- II. If the service provider/ listed on the bill is different from the service provider of record for the above FRN, please specify:
  - a. Has a change of service provider occurred? Yes/No
  - b. If No, please confirm the third party listed on the bill is an authorized third party biller.
  - a) If the third party listed on the bill is an authorized third party biller, please also provide the following:
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    - iv. The billed entity's written and dated acceptance of the offer authorizing the third party biller to bill the applicants for the services provided on behalf of the actual service provider.

III. If the invoice is for deposits or up-front charges for services, please include a copy of the full contract that supports those charges.

**RESPONSE REQUIREMENT:**

Please provide this information to me as soon as possible within the next 7 calendar days, by End of Day Thursday, 09/17/2018. Failure to do so may result in a reduction or rejection of the invoice, without further request. In this event, please ensure you have all necessary documents collected before resubmitting your request. If you have any questions, please contact me within this 7 day period.

Thank you for your cooperation and continued support of the Universal Service Program.

Dragan Stanisavljevic  
Case Management - Schools & Libraries Program  
Solix, Inc. | 30 Lanidex Plaza West | Parsippany, NJ 07054  
O: (973) 581-5086  
[dragan.stanisavljevic@solixinc.com](mailto:dragan.stanisavljevic@solixinc.com)  
[www.solixinc.com](http://www.solixinc.com) | [Solix on Facebook](#) | [Solix on Twitter](#)



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